

**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)**

**FILED**  
**Mar 02, 2007 8:00 am**  
**Secretary of State**

03-02-2007 90188 026 \*\*\*\*50.00



**DOCUMENT # M02000000398**  
 1. Entity Name  
**MCT SERVICES, LLC**

Principal Place of Business      Mailing Address  
 13515 BALLANTYNE CORPORATE PLACE      13515 BALLANTYNE CORPORATE PLACE  
 CHARLOTTE NC 28277      CHARLOTTE NC 28277

2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State

Zip      Country      Zip      Country

4. FEI Number      Applied For  
**38-3634355**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**



1st MOORE      CR2E083 (10/06)

**6. Name and Address of Current Registered Agent**  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	BOUCHARD, WILLIAM R	
STREET ADDRESS	13515 BALLANTYNE CORP PL	
CITY - ST - ZIP	CHARLOTTE NC 28277	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	O'LEARY, PATRICK J	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY - ST - ZIP	CHARLOTTE NC 28277	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	REILLY, MICHAEL	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY - ST - ZIP	CHARLOTTE NC 28277	
TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	GIZA, RONALD	
STREET ADDRESS	13515 BALLANTYNE CORPORATE PLACE	
CITY - ST - ZIP	CHARLOTTE NC 28277	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

**10. ADDITIONS/CHANGES**

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SPX Cooling Technologies, Inc.	
STREET ADDRESS	13515 Ballantyne Corp. Pl.	
CITY - ST - ZIP	Charlotte, NC 28277	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** Ronald Giza      Ronald Giza      2/2/07      231-737-5017  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #  
 SPX Cooling Technologies, Inc.